

# First Trimester Pregnancy Action Plan

Name: \_\_\_\_\_

## Obstetrical Provider's

## Nurse Case Manager's

## Counselor/Social Worker's

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### What your baby is doing (Weeks 0-13):

This is the time when your baby is developing most of it's major organ systems. By about 9 weeks of growth, your baby is probably a little more than an inch in size and your uterus (where your baby lives and grows during pregnancy) is about the size of a grapefruit. This time is very important for your baby's growth, even before you might have realized you were pregnant!

Below are some things we would like to help you with during this important time.

### Things to do for your pregnancy:

☐ Choose and make an appointment with an Obstetrical (OB) Provider

☐ Have an ultrasound to figure out your due date

☐ Have lab work done, as ordered by your OB provider

☐ Set a goal with your OB provider of how much weight to gain;

The right amount for you is: \_\_\_\_\_ lbs.

☐ Start taking a prenatal vitamin every day if you haven't already

☐ Tell other providers that you are pregnant; this will be: \_\_\_\_\_



**9 Weeks Gestation**

### Safety Alerts:



☐ Check with your OB provider before taking any new medications (both prescription or over the counter) and make sure any medicine you are already taking is safe to keep taking.

☐ Think about reducing or quitting cigarette smoking altogether.

☐ Stop drinking alcohol, using drugs, or any medication not prescribed for you by your own provider.

### \*\*\*\*Reasons to Call Your OB Provider in the First Trimester\*\*\*\*

- Vaginal bleeding
- Signs or symptoms of a Urinary Tract Infection (UTI): burning with urination, difficulty emptying your bladder, sudden increased need to urinate
- Illness with fever
- Cramping or abdominal pain
- Nausea or vomiting

## Focus on Health

- ☐ Eat a mix of healthy foods throughout the day, including fruits, vegetables, 3 servings of low fat dairy products, 2 servings of a lean protein (like chicken or fish), and at least one food that is a good source of iron (such as leafy green vegetables and red meat).
- ☐ Drink 8 glasses of unsweetened beverages a day, mostly water.
- ☐ Get a flu shot.
- ☐ Avoid infections. Some of the ways to do this are: wash your hands frequently, do not change or handle soiled cat litter, practice good food safety (wash all vegetables and fruit, avoid raw or undercooked meats, or unpasteurized milk and soft cheeses). Check with your OB provider about which foods to avoid.
- ☐ 30 minutes of activity a day is recommended in pregnancy, such as walking, swimming, or biking. Your plan is to :  
\_\_\_\_\_
- ☐ Brush and floss your teeth daily. Have regular cleanings and treat any problems. Your dental provider is:  
\_\_\_\_\_

## My Action Plan

**GOAL:** Something I WANT to do (Example: cut back on how many cigarettes I smoke a day, walk 30 minutes a day, take a prenatal vitamin daily, attend all doctor's appointments, etc.)

**ACTION:** A specific activity that you are going to do in the next 1-2 weeks. (Example: I will smoke 1-2 fewer cigarettes a day for the next 2 weeks.)

What will you do to (the behavior):

How much will you do (time, distance, or amount of activity):

When will you do it (time of day):

How often will you do it (number of days per week):

How important is it to you that you complete the action plan you made above? (please circle your response)

Not at all important      1    2    3    4    5    6    7    8    9    10      Totally important

How confident are you that you will successfully complete the action plan you made above? (please circle your response)

Not at all important      1    2    3    4    5    6    7    8    9    10      Totally important

Things that might make it hard:

Ways I might overcome these problems:

Follow-up (phone, email, or meeting and date/time):